Respect, Recovery, Resilience:

Recommendations for Ontario's Mental Health and Addictions Strategy

Report to the Minister of Health and Long-Term Care

From the Minister's Advisory Group on the 10-Year Mental Health and Addictions Strategy

December 2010

Dear Minister Matthews:

We, the members of the Minister's Advisory Group, are pleased to submit our final report and recommendations for a 10-Year Mental Health and Addictions Strategy for Ontario. It is the result of 20 months of work and extensive consultations across the province. It represents our best advice on how to provide timely, quality, integrated, cost-effective services for Ontarians who have mental illnesses and/or addictions.

All of us are directly involved in the mental health and addiction field in some way. We know from our day-to-day experience how urgent the needs are – how many people are suffering – and how the current way of organizing and delivering services is failing Ontarians.

We strongly believe that the strategies proposed in this report will make a real, measurable difference in the lives and health of Ontarians, and in the sustainability of our health care system.

We are recommending more integrated services that will make better use of existing skills and resources. We are also advocating for more investment in the community-based mental health and addiction services that will help make the system more efficient and effective.

As we note in our report, Ontario already spends a significant amount on mental health and addiction services – although less than most other G8 nations. Despite that investment, we are not seeing the improvements in mental health or the reductions in addictions that one would expect. Instead, we see the need for services growing.

As a province, we must ask ourselves if we are spending enough and if we are spending it in the right way. We believe that, by investing in community-based services – including peer support services, by engaging the primary care sector, by working more effectively with other human services and by adopting both the healthy development and recovery approaches to care, we can reduce mental illnesses and addictions and their associated human, social and financial costs.

Enhancing the capacity of community-based mental health and addiction services will reduce the wait times for these services, which will – in turn – prevent people from having to go to hospitals and emergency departments for care. With the right quality improvements and targeted investments, Ontario will see immediate impacts in our health care system and in our communities, including:

- More people with mental health and addiction issues served through primary care and community services
- Shorter wait times for community and hospital-based mental health and addiction services
- Fewer hospital admissions or readmissions

- Less demand on emergency departments, which means shorter wait times for people with other emergencies
- Better quality of life for people with mental illnesses and/or addiction and their families
- Better quality care for people with mental illnesses and/or addictions
- More Ontarians with mental illnesses and/or addictions stably housed and less demand on shelters and alternate level of care beds
- Lower costs per person for the recovery journey
- Fewer suicide attempts and fewer completed suicides
- More youth graduating from high school and post-secondary institutions
- More people with mental health and/or addiction issues (including ODSP and CAS clients) employed and integrated in their communities
- More people in the justice system receiving appropriate mental health and addiction services.

If, as a province, we are to achieve these gains, we must be committed to measuring and monitoring our progress, testing new ways to organize and deliver services, and implementing continuous quality improvement programs. We must build a highly diverse, competent workforce and value their skills and contribution. We must keep pace with new knowledge and practices, and make effective use of technology.

We know from our consultations that people and organizations across Ontario support our proposed strategy – particularly the focus on supportive environments, resilience, early intervention and integrated services. They want to see action to improve services and the system and to be part of the solution. They are ready to adjust the way they work now in order to provide timely, respectful, high quality, person-directed services for Ontarians coping with mental illnesses and addictions. They also believe there is a great deal we can do together to improve health and prevent mental health and addiction problems.

In our report, we recommend that the Ministry of Health and Long-Term Care take the lead in creating the partnerships, collaboration and integration required to achieve the vision and goals. The ministry has already showed great leadership in identifying the need for a long-term strategy for mental health and addictions, and in asking for advice. We encourage you to continue to lead.

Sincerely,
The Minister's Advisory Group on the 10-Year Mental Health and Addictions Strategy

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Preface

The Need

Ontario urgently needs action on mental health and addictions. Mental illnesses and addictions are serious health problems that cause great hardship and suffering for too many Ontarians and their families and friends:

- 1 in 5 Ontarians – 20 per cent of the population – will experience a serious mental illness or have substance abuse issues in their lifetime. (Health Canada)
- Between 15 and 21 per cent of children and youth in Ontario have at least one mental health issue (Ministry of Children and Youth Services, 2006)
- 2 to 3 per cent of Ontarians have a serious or complex addiction that they will have to cope with throughout their lives.
- 340,000 adults in Ontario (3.8 per cent of the population) have moderate or severe gambling problems. (Wiebe et al., 2006)

Risks are greater early and late in life:

- Young people between the ages of 15 and 24 are three times more likely to have a substance use problem than people over age 24. They are also more likely to experience mood disorders such as depression and anxiety. (Canadian Community Health Survey, 2002)
- Between 10 per cent and 25 per cent of seniors experience mental health disorders (Cole et al., 2006). Over 500,000 Canadians have Alzheimer's disease or other forms of dementia now, and that number is expected to double within 20 years (Alzheimer Society of Canada, 2010). By age 80, dementia will affect 1 of every 3 Ontarians.

Mental health and addictions are often inter-related:

- 3 of every 10 people with a mental illness will be dependent on alcohol or drugs.
- Almost half of people who use alcohol or other substances in a harmful way will have a mental illness at some time in their lives.
- 1 of every 3 people being treated for gambling problems also has problems with substance abuse.

The Cost

Mental illnesses and addictions are devastating for the people who experience them and heart-breaking for their loved ones. They cost Ontario in the health and well-being of our citizens – our most valuable resource. They also cost the province and its people economically.

In 2007-08, Ontario's health care system spent more than $2.5 billion on mental health and addiction services, including hospital care, community-based programs, medications and physician services. In 2008-09, the Ministry of Children and Youth Services spent $444 million to provide assessment and treatment services, social supports, prevention programs and other services for children and youth with mental health needs. Other ministries, such as Education, Community and Social Services and

Community Safety and Correctional Services also fund services that support people with mental illnesses and addictions – including $2.3 billion in law enforcement services (Gnam, 2006).

In 2008, Alzheimer's disease cost Canada about $15 billion. By 2038, the economic burden of Alzheimer's disease will be $153 billion, and the demand for long-term care will increase 10-fold. (Alzheimer Society of Canada, 2010).

And the costs do not stop there. The private sector spends at least $2.1 billion a year on disability claims, drug costs and employee assistance programs for people with mental health and addiction problems. Mental health disability claims have overtaken cardiovascular disease as the fastest growing category of disability costs in Canada (Wilson et al., 2002). When productivity costs are factored in, mental illnesses and addictions cost Ontario at least $39 billion a year, not including the overwhelming emotional costs to people with lived experience and their families and friends, which we simply cannot measure (Alberta Mental Health Board and the Institute for Health Economics, 2007; Gnam, 2006; MOHLTC, 2007).

Looking just at what the health care system spends on mental health and addictions, we have to ask ourselves if we are spending enough and if we are spending it in the best way to improve health and well-being. If we can get the health investment right, we can reduce many of the social costs associated with mental illnesses and addictions. Right now, Canada spends less on mental health services than most developed countries: 7.2 per cent compared to the 10%+ spent by countries like the United Kingdom, New Zealand and Sweden. In Ontario, we spend much more per capita on hospital services and physician services related to mental health and addictions than all other provinces (Jacobs et al., 2010). But this heavy investment in hospital-based services has not resulted in a measurable improvement in mental health. To provide the services and supports that people with mental illnesses and addictions need, we need to invest more in community-based services.

The Opportunity

The time to act is now.

Despite the current economic climate and concern about health spending, Ontario has a unique opportunity to make a difference in the mental health and well-being of all its citizens. Over the past year, members of the Minister's Advisory Group have had the privilege of consulting with Ontarians about the province's proposed mental health and addiction strategy.

We've talked to people with lived experience with mental health and addiction services, to their families, to service providers, to ministries, and to the public. We heard from the professional associations, health planners, and community-based health organizations that we would expect to respond to a proposed health strategy. But we also heard from many individuals and organizations outside the health sector, including other ministries, the education system, justice organizations, housing organizations and municipal governments. Two things are clear from our consultations:

1. Mental health and addiction issues affect people at all ages and stages of life, and in all settings in our communities – including our homes, schools, colleges and universities, workplaces, health care settings, social programs and the justice system.

2. People and organizations across Ontario think we're on the right track. They support the proposed strategic directions – particularly the need to create supportive environments, build resilience, stop stigma, intervene early and make services work better together – and they want to be part of the solution.

Right now, there is a perfect storm of support for a new approach to mental health and addiction. There are also a number of other initiatives currently underway that Ontario can build on to improve mental health in the province.

- At the national level, the Mental Health Commission of Canada is developing an anti-stigma campaign and a national strategy for mental health, and conducting a national evaluation of the "housing first" strategy for supporting people with mental illness who are homeless or unstably housed. The Canadian Centre on Substance Abuse is developing a national treatment strategy that can help guide Ontario's addiction treatment services.

- At the provincial level, Ontario's Poverty Reduction, Affordable Housing strategies and the Full-Day Early Learning Kindergarten Program will help create healthier, more resilient people and communities. Ontario's Early Years Strategy is helping to protect and enhance the mental health and well-being of young children and their families. The Ministry of Children and Youth Services has developed "*A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health.*" In February 2008, the Ministries of Education and Children and Youth Services jointly launched the Student Support Leadership Initiative to foster leadership and build/enhance partnerships between the sectors within the community with the Ministry of Health and Long-Term Care joining the initiative in 2010. Ontario Works has launched the Addiction Services Initiative available in 15 municipal and four First Nations sites. The Ministry of Community and Social Services is working closely with the Ministry of Health and Long-Term Care to improve services for people with a dual diagnosis (i.e., mental health problems and a developmental disability), including developing the *Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with a Dual Diagnosis*. The *Accessibility for Ontarians With Disabilities Act*, 2005 (AODA) is developing accessibility standards in five key areas – customer service, transportation, information and communications, employment and the built environment – that will help prevent and remove barriers for persons with disabilities, including mental illness and addictions. Five ministries – Health and Long-Term Care, Community and Social Services, Community Safety and Correctional Services, the Attorney General and Children and Youth Services – have come together to form the Human Services Justice Coordinating Committee and provide a platform for a cross-government approach to mental health and addiction issues.

- At the regional and local level, Local Health Integration Networks (LHINs) are working with service providers to develop more comprehensive, timely, effective mental health and addiction services. Community Care Access Centres, community service providers and long-term care homes are working to implement the Aging at Home strategy as well as new long-term care home legislation, which will help prevent dementia and provide more care in the community for people with dementia. Communities across the province are developing innovative programs working to improve mental health and reduce addictions.

We have the knowledge and skills to provide effective prevention and treatment programs. We know that better mental health, fewer addictions and more responsive services will help achieve other health goals, such as excellence in care, more appropriate use of health services, and shorter wait times in emergency departments and other parts of the health care system.

Making a difference in mental health and addictions makes both health and economic sense. Faced with Ontarians' urgent needs, it's the right thing to do. Faced with rising health care costs, it's the responsible thing to do.

Giving the Issues a Human Face

There is a better way. The following story of a patient in the Central East LHIN shows how the system can positively impact lives:

During the first five months of 2009, Ms. Singh (pseudonym) visited the emergency department eighty-three (83) separate times. In May, a local hospital enlisted the support of the Durham Mental Health Services (DMHS) Community Crisis Team. This team brought the patient to a community crisis bed where she stayed from May 18 to June 11. She was diagnosed with bi-polar disorder and alcohol dependency, and is undergoing regular treatment for both conditions. Ms Singh has now moved back into her community. She is being assisted by a case manager and has been linked with a community psychiatrist. She remains hopeful and optimistic about the future and is developing links with other supportive community agencies. She hopes to start working part-time, and plans to join the local Community Support and Recovery group and get involved in the Cope Mental Health 1-1 peer support program. She appreciates the support she continues to receive from DMHS, and now knows where to go when she needs help. Since her first contact with the Community Crisis Program, Ms. Singh has not had to call 911 or go to the emergency department.

The Way Forward

The needs of people with mental health or addiction problems are not new – neither are the problems they face getting the services they need when they need them. Ontario has had programs and services in place for many years. We already spend billions on mental health, but our past mental health and addiction strategies have not had the intended impact.

What will be different this time? What is the best way forward?

During our consultation, Ontarians told us they want a comprehensive approach to mental health and addictions – one that meets the needs of individuals, their families and their communities. We listened carefully to what Ontarians told us, and propose the following direction forward. We will take a more holistic approach – one that looks at the whole population, the whole person, the whole lifespan, the whole family, the whole health system, the whole human services system, the whole of government, and the whole of society.

The whole population. In the past, mental health and addiction services have focused on severe and persistent mental illness and destructive substance use and gambling. We will still provide the intense services that people with serious problems and risks need, but we will also use population-based strategies, such as public education campaigns, routine mental health checks and services that target marginalized populations to help improve the mental health and well-being of all Ontarians. These population-based strategies will give people the skills to manage stress and avoid mental health and addiction problems. They are also an effective way to reach people at high risk who need more services and supports.

The whole person. In the past, we have treated the problem not the person. Mental health and addiction services have focused mainly on the mental health diagnosis or the addiction, and have not always been able to take into account the person's other health and social needs or their strengths. We will change the approach to care, making it person-directed. People with mental illnesses and/or addictions will shift from being patients to being active partners in their care. They will have real choice in the services they use, and a variety of options close to where they live. They will receive the least intrusive services possible in the least intrusive setting, as well as flexible, individualized supports that involve their families, significant others, and communities. The system will continue to provide effective, evidence-informed clinical treatments, such as psychiatry, psychotherapy and drug treatment – but it will do so within a recovery approach to care, which looks at the whole person and defines individuals positively, focusing on their strengths and goals rather than their illness. Each person will have an individual health and

> Recovery is a personal journey, a social process, and a driver to fundamentally transform the existing mental health and addiction system.

A chronic disease/community model of care

Severe mental illnesses and addictions have traditionally been treated as episodic illnesses. People are treated for a short period of time in acute care or other institutional settings and then released – often without ongoing support. In the transformed system, we will recognize that mental illnesses and addictions are often long-term, chronic conditions that people must manage over time. We will provide more services and supports in the community. People with lived experience will have access to ongoing education and services to support their self-care and help them cope with relapses.

wellness plan that will bring together the right services and supports to meet each person's needs. The goal is to help people with a mental illness and/or an addiction gain or regain their role in society.

The whole lifespan. In the past, we have focused mainly on mental health and addiction services for adults. We know now that mental health and addiction risks and needs can start early and late in life, and that they change over the lifespan. We will take a life course approach to preventing and treating mental health and addiction problems, tailoring education, policies, programs and services for people at different stages throughout the life cycle.

The whole family. In the past we have focused on the individual, but mental health and addiction problems affect the whole family. Families bear the emotional and financial burden of a mental illness and/or addiction. They experience many of the negative consequences, including the stigma associated with mental illness and addiction. They can also play a crucial role in the person's recovery, but they need support. We will support the whole family, provide education, give them access to services and involve them in planning, delivering and evaluating services.

The whole health system. In the past, mental health services have been delivered separately from addiction services, and both have been delivered separately from other health services, such as primary care. Most people with mental health and addiction problems must go to different agencies for care, and somewhere else for primary care or community care. Although providers try to coordinate services, it is still difficult for people to navigate the system. We will integrate mental health and addiction services. We will also integrate those services with other health services, such as primary care, acute care and long-term care.

The whole human services system. In the past, mental illnesses and addictions have been treated as health problems only. But they are much bigger than the health system. People with or at risk of mental illnesses and/or addictions need more than health services. They need safe affordable places to live, meaningful jobs and an adequate income. If they are newcomers, they need services to help them integrate into Canadian society. If they run into trouble with the law, they need justice services that recognize their mental health and addiction problems and direct them to the right services and supports. We will mobilize all human services to help prevent mental health and addiction problems, and to ensure that people with problems are directed to the right door to meet their needs.

The whole of government. In the past, mental health and addictions have been mainly the responsibility of the Ministry of Health and Long-Term Care. However, we know that the mental health and well-being of Ontarians is affected by other government programs and services, by the natural and built environments and by all other aspects of our lives. An effective mental health and addictions strategy requires an all-of-government approach. In the Advisory Group's proposed strategy, all ministries will work together, aligning their policies and programs to promote mental health and well-being and meet the needs of people with a mental illness and/or addiction.

The whole of society. In the past, our society has seen mental health and addiction problems as something that should be solved by the health care system or the government. We know that the best solutions – the ones that are more effective in preventing problems and supporting people who have a mental illness or addiction – are in the community. They involve schools, workplaces, community organizations, faith-based organizations and the private sector. They include a sense of belonging, the opportunity to be connected with other people and to be involved in a meaningful way in the

community. We will work to change attitudes towards mental illnesses and addictions, and to create healthy, supportive communities.

Approaches to Wellness

Healthy Development

Healthy child development, including a focus on the effects of early experiences on brain development and school readiness, is a preventive approach to ensuring positive child and youth health, that can extend into later life. Early child development is a powerful determinant of health. Many other determinants of health affect the physical, social, mental, emotional and spiritual development of children and youth. For example, a young person's development is greatly affected by factors such as his or her environment, including housing and neighbourhood, family income and level of parents' education, access to nutritious foods and physical recreation, genetic makeup, and access to dental and medical care. A healthy development approach includes working with parents to enhance their knowledge and skills. It also involves creating the kind of communities, neighbourhoods, schools and families where children can thrive and develop the knowledge, skills and abilities they need to succeed and to enhance their health and well-being.

Youth development is *"...the ongoing growth process in which all youth are engaged in attempting to (1) meet their basic personal and social needs to be safe, feel cared for, be valued, be useful, and be spiritually grounded, and (2) to build skills and competencies that allow them to function and contribute in their daily lives." (Pittman, 1993, p. 8)*

Youth development is a process that all young people go through as they transition to adulthood. It should include the active participation of all the people involved in a child's/youth's life. A young person will not be able to build essential skills and competencies or feel safe, cared for, valued, useful, and spiritually grounded unless their family and community can provide them with the supports and opportunities they need along the way. A youth development approach helps young people develop a sense of safety and structure, high self-worth and self-esteem, a feeling of mastery and future, a sense of belonging, a sense of responsibility and autonomy, and self-awareness and spirituality. (Centre for Youth Development and Policy Research)

Recovery

The recovery approach emphasizes: self-determination and self-management to attain personal fulfillment, meaningful social and occupational roles and relationships within the community, and measuring outcomes in terms of housing, education, employment and participation – not just reducing symptoms. (Davidson, 2005)

The recovery approach includes ***psychosocial rehabilitation***: the process of helping someone diagnosed with a psychiatric problem re-establish normal roles and re-integrate into community

The Recovery Approach: from patient to partner

The recovery approach changes the role of the service provider from "expert" to "coach" or "partner," and the role of the person from "patient" to "partner." In the journey towards recovery, the individual gradually takes more and more control over his or her progress and health.

life. Psychosocial rehabilitation services include medications, independent living and social skills training, psychological support to clients and their families, housing, vocational rehabilitation, social support, and access to leisure activities. These services promote dignity, respect and choice, and encourage people with mental health and addiction problems to develop personal support networks and become involved in community activities, such as school and work.

The recovery approach includes a strong focus on ***harm reduction*** strategies that seek to reduce the health and social harms associated with alcohol and drug use, without requiring that users abstain. (Drucker et al., 2004) For example, needle exchange programs give people who use injection drugs clean needles to reduce their risk of infection with hepatitis C or HIV. In a harm reduction approach, the extent of a person's substance use is less important than the harms resulting from that use. Although harm reduction has traditionally been used with people with addictions, it can also be applied to mental illnesses.

The recovery approach also includes trauma-informed services. A significant proportion of people with mental illnesses, problematic substance use and harmful gambling – particularly women – have experienced trauma: physical and/or sexual abuse, and need a ***trauma-informed approach*** to help them heal and participate more fully in life. (Poole & Dell, 2005) Women who receive integrated care that includes trauma-informed practice experience significantly more reductions in mental illness symptoms and in alcohol and drug use than women in traditional services – and the cost of service is the same. (Domino et al., 2005)

A 10-Year Commitment to Transforming Services

In the following pages, we set out our recommendations for a mental health and addictions strategy as well as the beginnings of a concrete 10-year action plan. The changes we are proposing are ambitious. Some are already underway, but it will take time and political will to transform services and improve mental health and well-being in Ontario.

We are starting at a time when there are extreme financial pressures on all government programs, and no new money in the system. How will we achieve our goals in this fiscal environment?

Focusing on quality improvement. Ontario already invests a significant amount in mental health and addiction services. Through quality improvement initiatives, there are opportunities to use our existing resources more effectively and efficiently. By integrating services, we can reduce unnecessary duplication and improve access, quality of care and the care experience for the person with a mental illness and/or addiction. By looking at how we work, we can reduce costs and become more effective.

Making targeted investments. Dollars will be allocated more efficiently. Any savings or new money in the health system will be invested in services that have the greatest potential to improve health and well-being. The goal is to strengthen community-based mental health and addiction services – enhancing capacity and quality – so they can provide the ongoing supports Ontarians need.

Leveraging skills and resources in other sectors and services. By engaging other sectors and services in improving mental health and well-being, we can leverage their services, skills and resources – and provide more support for people with mental illnesses and/or addictions.

Building the business case for investing in mental health and well-being. As part of implementing the strategy, we will build a strong business case for investing in mental health and addiction services as a way to improve health, reduce wait times for other services, and reduce other health care, social and justice costs.

Taking a phased approach. The activities recommended in the following pages will be rolled out and phased in over the course of 10 years. The timing of different initiatives will be based on population health needs, available funding, potential impact as well as the opportunity to coordinate with other government priorities.

Ensuring leadership and accountability. To succeed, we must have strong leadership and accountability. Leadership is particularly important in an all-of-government approach. We will clearly identify the organizations that should take the lead locally and provincially, and establish structures that will ensure accountability.

Ontario's 10-Year Mental Health and Addictions Strategy

Our Vision

Every Ontarian enjoys good mental health and well-being, and Ontarians with mild to complex mental illness and or addiction recover and participate in welcoming, supportive communities.

Our Goals

1. Improve mental health and well-being for all Ontarians
2. Stop stigma and discrimination
3. Create healthy, resilient, inclusive communities
4. Identify mental health and addiction problems early and intervene
5. Provide timely, high quality, integrated, person-directed health and other human services.

> Mental health is a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community.
>
> World Health Organization

Our Values and Principles

Respect and understanding. People with lived experience of a mental illness and/or addiction are valued members of their communities. They are treated with dignity and respect. They have access to the information they need to make informed decisions about their own health and life. Health and social services are provided in the environment the individual considers to be the least restrictive, intrusive and stigmatizing. Communities and services proactively engage in activities designed to eliminate stigma and discrimination. The public understands the challenges that people with mental illnesses and/or addictions face, and support programs and services that meet their needs.

Diversity, equity and social justice. Individuals are offered culturally competent services that meet the needs of a diverse population at all ages and stages of life. They have equitable opportunities to receive services, and to participate in their communities. Services are free of stigma. Ontario works to reduce or eliminate the underlying individual and social injustices that contribute to mental illness and addiction.

Healthy development, hope and recovery. Individuals using mental health and addiction services have opportunities for healthy development, recovery and self-actualization. They feel hope and optimism about the future, and have opportunities to achieve their potential. Services for children are based on a healthy development approach, while services for adults are based on a recovery approach.

Person-directed services. People with lived experience of a mental illness or addiction bring their strengths, wisdom, and resilience to their care and – whenever possible – must have a voice and the opportunity to make informed decisions about their care and support. People with lived experience and their families are also essential partners in system design, policy development, and program and service provision. They collaborate with families, service providers, governments, and the

community to raise awareness about mental health and addiction services and improve knowledge about mental illnesses and addictions.

Excellence and innovation. Ontario provides quality care for people with mental illnesses and/or addictions – that is, care that is person-directed, timely and accessible, safe, effective, efficient, collaborative, equitable, transparent and open. The care system is committed to continuous quality improvement. Services strive for excellence and encourage best practices and innovation.

Accountability. All mental health and addiction programs and services are based on the best available evidence from lived experience, practice and research. Ontario will build on effective programs and services currently in place. Services must improve people's quality of life in a sustainable way. They are accountable for the effectiveness and value of the care they provide, and continually monitor results.

Giving the Issues a Human Face

The system can do better. The following story shows how early intervention, the right services and keeping youth connected to their communities can make a difference.

Tara was 13 when she first started having symptoms of schizophrenia. By the end of grade 9, she started having hallucinations, which she described as sounding like murmuring in a crowd. She began to hear singular voices, and even screaming. Tara's mother contacted a family friend, a psychologist, who referred them to an early intervention program in London: one of the first of its kind in Canada. Although Tara lived outside the program's catchment area, the physician in charge agreed to help her. He reassured that "nothing has to change." As Tara said, "I don't have to let this limit what I want to do with my life. It's a hump, it's a hurdle, it's something to deal with, but I'll have lots of help." She found the early intervention program very helpful. Her first impressions were that it was friendly, and there were a lot of young people that worked there, which was important. The staff interacted with her as a whole person, and Tara could relate to them. "In the early days it was the general attitude that helped the most. [I realized that] you don't have to compromise what you want for other people, and you don't have to give up on what you want in your life." After two years in the program, Tara had most of her symptoms under control with drug therapy. When she went to university in London, she started a youth-driven peer program with the support of the local early psychosis intervention program: the first early intervention peer support group of its kind.

Goal #1:
Improve mental health and well-being for all Ontarians

There is no health without mental health.
(Ban Ki-moon, Secretary-General, United Nations, World Mental Health Day, 2008)

Start with prevention. The first goal of the proposed strategy is to actively promote mental health and well-being for all Ontarians, paying particular attention to those at greatest risk.

Good mental health is a resource for living. It contributes to our enjoyment of life, and is associated with better physical health, greater success in school and life, better relationships and less crime. It is also good for our communities and our economy. People who feel good about themselves and their lives are more productive and less likely to take sick days. There is strong link between physical health and mental health.

Mental illnesses and addictions are often the result of risk factors, such as stress, anxiety, loss (e.g., death of a spouse, loss of a job), lack of social support, lack of self-esteem, or the feeling that life is out of control. They can also be triggered by trauma, isolation and family conflict, or by social and economic factors, such as lack of education, income, housing and employment. Some people are genetically predisposed to conditions like schizophrenia and depression. There are also risks associated with the use of prescription painkillers. When people have a mental illness or addiction, factors like stress and anxiety can make the problem worse or prolong the symptoms.

> People with mental disorders have the same mental health needs and aspirations as anyone else. The process of improving mental health is the same for everyone: it involves removing or reducing obstacles that keep people from interacting in healthy ways with other people and with their environment.

There are many steps that Ontarians – including people who have a mental illness and/or addiction – can take to manage stress, cope with negative events and promote their mental health and well-being, such as:

- developing coping skills and finding constructive ways to deal with anger, sadness, fear and grief
- doing things that build confidence
- building and maintaining healthy relationships with family members, friends, neighbours and co-workers
- developing healthy habits, such as exercising regularly, eating healthy foods, getting enough sleep and keeping your brain active
- looking after one's health: going for regular checkups, having a healthy blood pressure, and taking any medications as prescribed
- volunteering and finding work-life balance
- sharing problems with others who can provide support, advice, and affirmation.

Ontario already has some strong programs that work to help people build skills and improve their mental health. The Canadian Mental Health Association has education materials on its website. Ontario's Early Childhood Development and Early Learning initiatives are designed to build a generation of resilient children who can respond to the stress and demands of modern life. The Ministry of Health Promotion's Healthy Living strategy promotes healthy eating and physical activity. Many employers have recognized the importance of mental health and developed workplace wellness programs. The Alzheimer Society has launched an awareness campaign to promote activities that keep the brain healthy.

Strategies

To improve mental health and well-being:

1.1 Lay the foundation for good mental health early in life:

- Take a healthy development approach, working with parents and children to help them develop the skills to be more confident and resilient, to succeed in life, and to cope with stress.
- Reinforce the importance of a good education. Ontario's early years and early learning initiatives, including parenting programs and Full-Day Early Learning Kindergarten Program beginning at age four, are key elements of this strategy.
- Support mental health and well-being in schools by teaching coping skills, stress management, emotional literacy skills, and self-management, and by promoting physical activity, healthy eating and self-esteem. Work with educators to enhance their capacity to deliver a curriculum that promotes healthy development.
- Expand school-based and community-based programs that help youth develop coping and life skills.

Outcomes

- More Ontarians will know the risk factors for mental illness and/or addiction.
- More Ontarians will know the steps they can take to reduce their risk and improve their mental health and well-being.
- A higher proportion of children entering Senior Kindergarten will score high on the Early Development Instrument (EDI).
- More children and youth will have the skills to cope with stress.
- More youth will graduate from high school.
- More youth will leave high school with a good understanding of how to make good decisions, solve problems and maintain their self-esteem and with life skills, such as financial competency and ability to make healthy choices will increase.
- More Ontarians will exercise regularly.
- More Ontarians will have the skills to cope with stress and anxiety.
- More Ontarians will have affordable housing.
- Incidents of domestic violence will drop.
- Fewer women will return to abusive relationships.
- More adults and seniors will know how to keep their brains active.
- More Ontarians will participate in community/recreation programs.
- Fewer youth, adults and seniors will develop a mental illness or addiction.
- Fewer seniors will develop dementia or they will develop dementia at an older age.

1.2 Educate all Ontarians about the risk factors associated with mental illnesses and addictions and the steps they can take to protect and improve their mental health and well-being at different stages of life. Involve people with lived experience in mental health promotion programs.

1.3 Create targeted education/awareness programs to reach people most at risk of mental illness and/or addiction, including:

- children and youth
- college and university students
- seniors
- people with low incomes
- people who are unemployed
- victims of domestic violence
- persons with a developmental disability
- Aboriginal people – First Nations, Inuit and Métis
- newcomers
- members of ethnoracial groups
- people who are lesbian, gay, bisexual or transgendered.

1.4 Actively promote mental health across the life span through all human service sectors: health, social services, housing, employment, social assistance, education and justice. In particular, increase access to safe affordable housing for all who need it and encourage healthy neighbourhoods by creating community hubs using schools, health and municipal services.

1.5 Work with communities and the private sector to deliver education/awareness programs in all settings where people live, work and play – including schools, recreation programs, workplaces, correctional facilities, long-term care homes and community settings.

1.6 Provide wellness and mental health supports for seniors in community settings, such as seniors' centres and recreation programs.

1.7 Lead by example. Establish workplace policies and programs within government and the human services sectors that promote mental health and well-being.

Goal #2: Stop stigma and discrimination

Change attitudes. The stigma that people with mental illnesses and addictions experience – in housing, the workplace, the health system, the justice system and other human services, the media and from family and friends – affects their health.

Stigma is both a cause and effect of mental illnesses and addictions. It isolates people, and eats at the health of individuals, families and our communities. It is also one of the main barriers to seeking care and following treatment plans. (Public Health Agency of Canada, 2002) It keeps people with mental illnesses and addictions from asking for help, and it threatens their recovery and their ability to gain or regain their place in their communities.

Stigma helps explain why parents wait so long to bring their children's mental health issues to the attention of health care providers. For seniors, the stigma associated with loss of mental functioning often prevents them from accessing services, leaving them in unnecessary and dangerous isolation. Stigma and misperceptions also explains the "not in my backyard" reaction of many members of the public to having mental health and addictions services in their neighbourhoods.

As a group, health professionals are no less susceptible to discriminatory beliefs than the general population. Many people with mental health and addiction problems report experiencing stigma when they try to use the health care system and other public services. A recent study of resident physicians in a range of specialties showed that education and work experience had little effect on their attitudes towards people with mental illnesses and/or addictions. What does make a difference is personal experience: the doctors with the most positive attitudes were those who had family members with a psychiatric illness. (Carol et al., 2008)

For many people, the stigma of mental illness and addictions is exacerbated by other forms of discrimination, including racism, ageism, and homophobia. Stigma and discrimination is a particular issue for people seeking health care services and for people who have contact with the justice system. Workplace policies and practices that do not accommodate people with mental illness or addiction lead to structural discrimination in employment. Discrimination against people with a mental illness or addiction also limits their ability to access affordable housing and be part of the wider community. (CMHA website, 2010)

Under Ontario's *Human Rights Code*, people with a mental illness or addiction are protected from discrimination – such as being fired or denied a job or promotion – or harassment on the job. Employers also have a duty to accommodate people with a mental illness or addiction, and organizations are required to design their services, policies and processes so people with a mental health problem can be fully integrated into all aspects of society. These rights are reinforced in the *Accessibility for Ontarians with Disabilities Act*. The Accessibility Directorate of Ontario is developing accessibility standards in five key areas – customer service, transportation, information and communications, employment and the built environment – that will help prevent and remove barriers for persons with disabilities, including mental health/addiction illnesses. Under these standards, organizations will be required to be proactive in their efforts to accommodate persons with disabilities.

Despite these legal protections, stigma and discrimination are common. Unfortunately, many people with mental illnesses or addictions are not aware of their rights, or may not be able to ask for assistance.

All Ontarians – including people with a mental illness and/or addiction – have a right to participate in a meaningful way in their communities, to be treated with respect, to access services and to feel included. When people feel welcome, accepted and respected – when they receive stigma-free services – their health and well-being improves. To improve mental health, reduce addictions and make services more effective, Ontario must change attitudes towards mental illnesses and addictions.

Strategies

To stop stigma and discrimination:

2.1 Educate all Ontarians about mental illnesses and addiction. Dispel the myths and misperceptions and reinforce the human rights of people with a mental illness or addiction.

2.2 Engage people with lived experience and their families in programs and initiatives to educate the public about mental illness and addiction. They are powerful spokespeople against discrimination.

2.3 Collaborate with the Mental Health Commission of Canada to develop an ongoing anti-stigma campaign that targets children, youth and health care providers.

Outcomes

- Ontarians have a better understanding of mental illness and addiction.
- People with mental health and addiction problems seek help earlier.
- People with mental health and addiction problems report less stigma and discrimination in public services.
- People with mental health and addiction problems report less stigma and discrimination in the workplace.
- People with mental health and addiction problems and their families report that they feel more at home and supported in their communities.

2.4 Provide anti-stigma training for first responders, health providers in emergency departments, social workers, youth workers, educators, justice workers, and other key front-line service providers. These individuals are often the first contact that people with mental health and/or addiction problems have with the system and the gateway to other services. The experience that people with lived experience have with these service providers will shape their perception of the service system.

2.5 Develop anti-stigma training programs that target employers and landlords. Reinforce their responsibilities under the *Ontario Human Rights Code* and *Accessibility for Ontarians with Disabilities Act* to recruit, retain and accommodate people with mental health and addiction issues.

2.6 Develop policies, mechanisms and training to enforce anti-discrimination legislation.

2.7 **Lead by example. Ensure all publicly funded programs and services are free of stigma and discrimination, and culturally safe and competent. Provide opportunities for employment for people with lived experience within public services.**

2.8 **Recruit and develop a more culturally diverse health and human services workforce, which can provide more culturally competent services.**

Goal #3: Create healthy, resilient, inclusive communities

Provide the basic necessities of life. Changing discriminatory attitudes and behaviours is not enough. We must also create healthy, resilient, inclusive communities that promote mental health and ensure people with a mental illness and/or an addiction have the same opportunities as other Ontarians to succeed in life. The social determinants of health – education, employment, income and housing – are strongly correlated with mental health because they affect people's sense of competence and control – of being connected to the community – as well as their socioeconomic status. They influence people's ability to cope with their environment, satisfy needs, and identify and achieve their goals. (Raphael, 2004) People with lived experience of a mental illness and/or an addiction often describe the most important determinants as "a home, a job and a friend."

> "Service provision in the absence of the basic necessities of life is simply money wasted."

Despite the impact that "upstream" factors have on health and well-being, the broader health system has traditionally focused on "fixing" the individual rather than creating supportive families and communities – where everyone, regardless of mental health or addiction problems, can thrive.

Housing is key – for prevention and as part of care and support for people with mental illness and/or addictions. So are income, employment, education, transportation, social support and opportunities for recreation. Housing with supports – including health services, income support, social support and help maintaining housing and finding employment – is one of the most effective interventions for people with mental health and/or addiction problems.

Through our consultations, we learned that Ontarians strongly support a social determinants of health approach to mental health and addiction problems. Creating healthy, inclusive communities is no small task. It requires the commitment of all segments of society: governments, employers, municipalities, schools, colleges and universities, community organizations and faith-based organizations. All ministries must work closely together, share a common understanding of the importance of the social determinants of health, and align their policies and programs. At the current time, government policies often work against each other and prevent people from achieving their mental health goals. For example, someone with a mental illness may lose their income support or housing subsidies if they take a job – even though they are at high risk of relapsing and not being able to keep their job.

The good news is: change is already underway:

- The government has launched its Poverty Reduction Strategy, which will reduce the number of children in the province being raised in poverty.
- In June 2010, the Social Assistance Review Advisory Council provided its recommendations on the scope and terms of reference for a review of Ontario's social assistance system. The government will now review the Council's recommendations and, this fall, decide how to proceed with the review of the social assistance system.
- The Ministry of Health and Long-Term Care funds supportive housing program for people with mental illness and is now expanding to people with addictions, which is giving them more choice

about where they live as well as the supports they need to maintain their housing and improve their health.

- In the fall of 2010, the government will announce its affordable housing strategy.
- Ontario's schools are community hubs where all people can stay active, gather to learn, and participate in the activities of community-based organizations. The government provides funding to all school boards so they can make school space more affordable for use after-hours by the community.
- Together with the Ministry of Health and Long-Term Care and the Ministry of Education, the Ministry of Children and Youth Services is implementing "Working Together for Kids' Mental Health," which aims to help professionals across the three sectors identify child and youth mental health and addiction needs earlier and help them access appropriate services.
- The Ministry of Citizenship and Immigration funds settlement programs that help newcomers adjust to life in Ontario and celebrate our ethnocultural diversity.

Strategies

To create healthy, resilient, inclusive communities:

3.1 Align health, housing, employment and income support policies and regulations

- Support programs that promote and develop affordable, accessible, safe and high quality housing, including transitional housing.
- Develop and implement a policy to match existing health, housing, and employment resources to the needs of people with lived experience as part of each person's health and wellness plan.
- Harmonize income support and housing policies and regulations (including reporting and eligibility criteria) so that they are client-centred, recovery-focused, and do not create disincentives to work.
- Establish best practices/standards for housing and employment services and supports.
- Develop local solutions that reflect best practice and provide the levels of support (housing, employment and income) clients need.

Outcomes

- More people who are homeless or "under-housed" have stable, safe, supportive housing.
- More seniors have housing options that meet their mental health needs.
- Fewer people with a mental illness and/or an addiction are in long-stay or alternate level of care beds.
- All youth with significant mental health or addiction issues have stable housing, support to finish school, support with employment, and opportunities for peer support and family support.
- Fewer youth offenders with a mental illness or addiction are discharged from the criminal justice system, emergency care, or a hospital to "no fixed address."
- More social assistance clients with mental health and addiction issues participate in employment, education, or volunteer activities.
- More Ontario youth graduate from high school
- More youth have access to alternative types of education.
- Every community has equitable opportunities to reach its potential and achieve well-being for all its members.
- All community members have equal opportunity to be engaged in the development of their communities and contribute to the well-being of their communities.

3.2 Move quickly to complete the Social Assistance Review.

3.3 Work with LHINs and municipalities to identify community strengths and challenges.

- Conduct community scans.
- Develop community partnerships that promote social inclusion and the meaningful involvement of people with lived experience in their communities and facilitate community planning.
- Require agencies to have people with lived experience and family members as voting members of their boards, and to provide the training to help them fulfill their role.
- Establish "tables" that bring together all agencies that serve people with lived experience. Ensure people with lived experience are at the tables.
- Develop planning tools that communities can use to strengthen programs that help mitigate the negative impact of social and economic inequities on health.

3.4 Work with educators and employers to develop an employment strategy for people with lived experience that provides flexible education and training programs, mentoring, employer support and paid job opportunities that lead to meaningful employment.

Goal #4:
Identify problems early and intervene appropriately

Act early. The early stages of a mental illness or addiction can create enormous stress for the person and family. Acting early – at the first signs of mental illness or problematic substance use and gambling – can have a profound effect on the person's long-term mental health and well-being. Providing services and supports early and quickly can stop an addiction problem – before it does too much harm to the person, his or her family and friends, or society. Acting early can also prevent future episodes of mental illness, and reduce the health, social and economic costs of mental illness and addictions.

Key Settings and People for Early Identification and Intervention

- Primary care/family health care services
- Community health services
- Complementary health care providers (e.g., naturopaths)
- Schools
- Colleges and Universities
- Workplaces
- Seniors services
- Settlement agencies
- Pharmacists
- Emergency departments and emergency medical services
- Social assistance providers
- Municipal social services providers
- Homeless shelters
- Violence against women programs and shelters
- Needle exchange workers
- Police services
- Justice system
- Correctional system

Community-based professionals play a critical role in identifying people with early signs and symptoms of mental health or addiction problems, and ensuring they receive the right supports and services. (Health Canada, 2008; Kelly et al., 2007) Most people experiencing stress turn first to family members, friends, primary care providers, teachers or workplace programs. For some, the problems are first identified when they get into trouble at school or with the law. All the places where people either turn to or end up in must be able to help or know where to refer. We see an Ontario where individuals themselves, family members, peers, primary care providers, schools, workplaces, and community services are able to recognize the early signs of mental illness or addiction and take action. Everyone should know about the services available in the community and how to access them, and they should have some reassurance that people will not have to wait too long for help.

We know that acting early at all stages of life makes a difference. The Early Identification and Early Intervention program for young people experiencing their first episode of psychosis has been effective in keeping young people engaged in school and their community, reducing the risk of suicide, and improving their long-term prognosis. The Student Support Leadership Initiative (SSLI) began in 2008 as a collaborative initiative of the Ministries of Education and Children and Youth Services and in 2010-11 was expanded to include the Ministry of Health and Long-Term Care. SSLI supports and is aligned with Ontario's Safe Schools Strategy, *A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health*, and the development of the Ontario government's 10-Year Mental Health and Addictions Strategy. The purpose of the initiative is to support school boards

and community agencies to form and enhance partnerships between school boards and community agencies that build capacity to make appropriate and effective referrals concerning children's mental health services for students and their families through collaborative planning and coordination. Some colleges and universities use peer workers to provide guidance to other students on health-related issues.

For many people their first point of contact will be with a family doctor, and the primary care sector will provide most of the care for people with mild to moderate mental health and addiction problems. For some people, their addiction may begin with pain medication prescribed to treat another health problem. Primary care providers must be able to identify people at risk (e.g., people with chronic diseases, people who have recently experienced a loss, people being treated for pain), screen people, help people manage their own care, find ways to engage and support their families, and monitor their health over time. To fulfill this role, primary care providers need the support of collaborative, multidisciplinary models of care and referral networks. They must be able to access specialized advice quickly and easily – wherever they are in the province.

Strategies

To enhance the capacity to identify mental health and addiction problems early and intervene appropriately, Ontario should:

4.1 Develop public education programs that help individuals, family members and employers be more aware of the early signs and symptoms of mental illness and/or addiction.

4.2 Develop practice guidelines and implement the core competencies that health and human service providers must have to identify mental health and addiction problems early, intervene appropriately and refer.

4.3 Provide cross-sector training on the core competencies for early identification (e.g., the early signs and symptoms of mental illness and addiction, appropriate interventions, referral networks, how to help people navigate the service system, cultural

Outcomes

- Ontarians know the early signs and symptoms of mental illness and addiction and who to call for help.
- Human services professionals know the early signs and symptoms of mental illness and addiction and make appropriate referrals.
- Increase the number of mental health and addiction agencies working with primary care providers.
- Ontarians receive a mental health and addictions check as part of routine primary care.
- Primary care providers provide more mental health and addiction services.
- Reduced prevalence of opiate addiction.
- People with mental health and/or addiction issues receive appropriate services earlier in the course of their illness.
- Fewer people with a mental illness or addiction present at emergency departments.
- Fewer youth with mental health and/or addiction issues end up in the criminal justice system.
- More youth graduate from high school.
- Fewer youth drop out of college or university.
- Rates of youth suicide completions decrease.
- More seniors with dementia receive supportive community care and are able to age at home.

competency) to educators, after-school care providers, social service providers, recreation workers, housing workers, police and other first responders, workers in the justice system and mental health and addiction workers.

- Ensure all providers and professionals have a clear understanding of each other's capacities, roles and responsibilities.
- Identify or establish mental health and addiction consultation services to support other front-line workers in early identification.
- Develop strategies to support people if there are wait times for mental health and addiction services.

4.4 Target early identification services to populations most at risk, including children, youth, seniors, people who are unemployed, newcomers, Aboriginal peoples and people who are lesbian, gay, bisexual or transgendered.

4.5 Help teachers recognize the behaviours of children, youth and young adults who may be experiencing mental health problems or distress and let them know where they can get help.

4.6 Deliver mental health and addiction services in the settings where people are, such as schools, universities, community services, settlement services, and long-term care homes. This strategy will help dispel some of the stigma and help people stay connected to their communities.

4.7 Reinforce the key role of primary care in early identification and intervention, particularly for those with mild to moderate mental health and addiction problems.

- Educate primary care providers on early identification, the recovery approach to care, and effective interventions that can be delivered in primary care settings
- Make a check for signs of mental illness or addiction a routine part of the annual physical health check and of other routine primary care assessments.
- Encourage primary care providers to routinely screen people with chronic conditions for depression and anxiety.
- Develop/identify screening and brief intervention tools – such as primary care practice guidelines and care pathways – that primary care providers can use to determine who can be treated in a primary care setting and who requires referral to more specialized providers, and to guide care.
- Develop individual health and wellness plans based on each person's goals and aspirations that engage the person with mental health and addiction problems in his/her own self-care and provide a range of person-directed, recovery-focused services/strategies that address all his/her physical and mental health needs.
- Change the OHIP Schedule of Benefits to provide appropriate compensation for fee-for-service physicians for providing services and support for people with mental illnesses and/or addictions.
- Develop policies for family health teams and other group practice models to ensure they provide a range of services for people with mental illnesses and/or addictions.

4.8 Ensure that primary care providers have timely, ongoing access to specialists and specialized mental health and addiction services:

- Consider different models depending on community needs and capacity. For example, some large primary care teams may have psychiatrists or other mental health and addiction specialists on staff, while others may be linked to community mental health and addiction services.
- Implement a stepped care model in which people with a mental illness or addiction being treated by a primary care provider can "step up" to more intensive services provided by specialists when needed and "step back" to the primary care system when they are stable.
- Designate a care coordinator/system navigator/lead provider for people with complex needs.

4.9 Involve people experiencing early signs and symptoms of mental health or addiction problems in self-care:

- Provide information on self-management and risk/harm reduction
- Refer them to the least intrusive services and supports to meet their needs
- Link them to peer support services
- Support them with self-care
- Ensure family caregivers have the knowledge and resources to support people with their self-care.

4.10 Establish on-line resources/portal for self-management and links to community resources for peer support, counselling and psychotherapy.

4.11 Develop a pain management strategy that examines prescribing practices and ensures health care providers are aware of the risk of abuse and addiction associated with the use of opiates.

Goal #5: Provide timely, high quality, integrated, person-directed health and other human services

Integrate and re-focus services; transform the service system.

Right now in Ontario, only one of every three adults – and one of every six children – living with a mental illness actually accesses services and supports. While some people may not need formal health or social services to manage their mental health or addiction issues (e.g., self-help programs like Alcoholics Anonymous and Gamblers Anonymous may be enough), many more Ontarians could benefit from the formal service system. The situation is worse for vulnerable populations and for people living in remote and rural communities in the north and elsewhere. (Mental Health Commission of Canada)

Ontario has established a number of services to help people connect quickly with care and make appropriate referrals. Through ConnexOntario, an on-line service, people can access:

- MHSIO – Mental Health Service Information Ontario that provides information on all services for adults across Ontario – 1-866-531-2600
- DART – the Drug and Alcohol Registry of Treatment that provides information as well as referrals to alcohol and drug treatment services in Ontario – 1-800-565-8603
- OPGH – the Ontario Problem Gambling Helpline that connects people with services for problem gambling – 1-888-230-3505.

Ontarians with mental illnesses and addictions need timely, quality services that meet all their health and social needs. Mental health and addiction services should be integrated so that people with concurrent disorders – a mental illness and an addiction – do not have to go to one program/provider for their mental health needs and another to help with their addiction. Mental health and addiction services should, in turn, be integrated with other health care services – particularly primary care services and hospital services. Better coordination across the health system would help reduce avoidable emergency room visits as well as the current long waits for some mental health and addiction services. It would also keep people from being discharged from emergency without appropriate community supports.

Specialized mental health and addiction services should be provided by teams with the right mix of skills based on the person's and family's needs and aspirations. These comprehensive, coordinated health services should be integrated with the other human services that people with mental health and addiction problems need, such as housing, income support and employment programs.

The system must look at how services are currently organized and delivered, and find ways to make better use of all resources. Good system design can lead to better integration of services and better health. The key to improving mental health and well-being is to strengthen community mental health and addiction services, and integrate those services with other health services and other human services. More effective services and better service integration means more timely care and smoother transitions between services. It also means more effective use of all health system resources and shorter wait times.

In transforming the service system we must always focus on how to improve the quality of care provided. A high quality or high performing system or mental health and addiction service is one that is person and family centred. It:

- provides timely and accessible services
- uses interventions that are effective
- uses measures routinely to monitor and demonstrate improvement
- aims to reduce disparities in both access and outcomes
- is transparent and open in its interactions between providers, with people using services, and with the community
- uses resources efficiently and optimally, reducing waste wherever possible
- and is collaborative in its planning and service delivery.

The transformed system will use proven quality improvement methods to: identify where services are performing well and opportunities for improvement; introduce and measure these changes; increase efficiencies; and enhance the care experience for the person using services. People with lived experience should work alongside clinicians, researchers, and policy makers to transform the system of care. Policies, programs and services should be designed based on the best available evidence and evaluated for their impact on people's mental health and well being. New knowledge should be moved quickly into policy and practice.

Regardless of where people with a mental illness and/or addiction receive care – in a primary care setting, at school, in the community or in hospitals – they should receive high quality, personalized, culturally competent care based on the recovery/wellness model of care. This focus includes a range/mix of person-directed approaches, including psychosocial rehabilitation services, harm reduction services, trauma-informed services and clinical treatment, such as psychiatric assessment, psychotherapy and drug treatments. It is important that providers in the system have the core competencies to work using the principles and values of a recovery-focused system. We need a valued workforce made up of many different workers and disciplines, regulated and non-regulated, with the competencies to work in the transformed system.

Ontario has already taken many important steps to build a timely, responsive system of care, but more must still be done to provide truly integrated services, to break down the barriers that keep people with mental health needs from accessing other programs and services, to involve people with lived experience in meaningful ways in their care and in service and system planning, design, implementation and evaluation, and to engage and support family members.

We strongly recommend a whole-of-government approach to mental health and addictions. To be effective, that cross-sector approach must be taken locally as well as provincially.

Strategies

To provide timely, high quality, evidence-informed, person-directed care:

Strengthen and integrate mental health and addiction services

5.1 Enhance the capacity of community mental health and addiction services to provide timely, person-directed, recovery-focused programs and services by:

- Expanding existing services
- Investing any savings or new funding in community-based services
- Developing and implementing guidelines and standards for the recovery/wellness approach to care – including peer support, harm reduction, psychosocial rehabilitation, cultural competency, trauma-informed care – in all settings
- Developing tools to help strengthen and integrate services, such as the collaborative individualized health and wellness plan
- Designating a care coordinator/system navigator/lead provider to work with the person to develop and use a collaborative, individualized health and wellness plan
- Making effective use of technologies, such as telemedicine and video conferencing, to provide access to specialized services in rural and remote parts of the province
- Monitoring wait times for community-based mental health and addiction services and developing strategies to reduce them.

5.2 Enhance the capacity of peer support services to provide support, advocacy and other services for people with mental illnesses and/or addictions by:

- Defining peer support functions
- Developing a core entry and continuing education program for all peer support workers
- Increasing the number of peer support workers
- Establishing a peer-led anti-stigma and anti-discrimination initiative.

5.3 Enhance the capacity to provide care for people with concurrent disorders (mental illness and addiction) by:

- Ensuring all mental health and addiction programs have the knowledge and skills to identify, assess and respond to the needs of people with concurrent disorders
- Developing effective mechanisms to coordinate and integrate mental health and addiction services
- Directly involving the person receiving services and his/her family as well as peer and family support.

5.4 Develop and implement evidence-informed, recovery oriented program and clinical practice guidelines and standards that reflect all human services, and include integrated care for people with concurrent disorders. Guidelines and standards should be developed for recovery and wellness programs, concurrent disorders, collaborative individualized health and wellness plans, case management and system navigation, peer and family support, housing and employment, early intervention, assessment of the person's needs, and monitoring of all programs and services.

5.5 Strengthen, support and value the workforce by:

- Creating attractive choices and pathways that will recruit and retain skilled people to careers in mental health and addictions
- Developing a competency-based mental health and addiction workforce that includes regulated and non-regulated providers and peer support workers, and sets out standardized roles/responsibilities and scope of practice for each type of provider
- Conducting a comprehensive review of current remuneration levels within the mental health and addictions sector and implementing a strategy to address inequities in the remuneration levels
- Recruiting a more culturally diverse workforce that will be better able to provide culturally competent care
- Identifying the core competencies and training required to provide high quality, timely care for people with mental health and/or addiction problems, including:
  - early identification and intervention, including the use of common screening and assessment tools
  - recovery oriented care, peer support and the role of clinical interventions, such as psychiatric assessment, psychotherapy and drug treatments
  - care for people with concurrent disorders
  - cultural competency
  - shared and stepped care
  - case management/system navigation to work with people with mental illness and/or addiction and their families to develop collaborative individualized health and wellness plans
  - referral networks and effective use of available resources
  - measuring performance and using results to drive future improvements.

5.6 Develop mental health and addiction information systems that support quality care, evaluation and accountability for service investments including:

- electronic health records that can be accessed by all providers involved in a person's care while meeting all privacy requirements
- common screening and assessment tools, used across all settings
- outcome monitoring, including more client satisfaction measures that capture their experience of the system
- indicators that assess continuity of care delivered across multiple settings and sectors, including wait times, system capacity and service availability.

5.7 Develop and implement a provincial Continuous Quality Improvement (CQI) strategy to identify successes and gaps in mental health and addiction services, involve consumers in this assessment process, routinely survey people with lived experience, and promote leading and promising practices.

Enhance the capacity of the health system to provide integrated services for people with mental illnesses and/or addictions

5.8 Develop quality improvement approaches, including service collaboratives, to identify and introduce more effective ways to integrate mental health, addictions, primary care, acute care and emergency department services for children, youth, adults and seniors.

- Establish a common basket of core services and provincial standards for service provision
- Develop wait time targets
- Develop shared and stepped care models.

5.9 Develop and implement protocols, care pathways, service agreements, referral networks and other tools that support continuity of care across health services and sectors.

5.10 Use information systems and tools to support integrated care, including common screening and assessments, single unique identifiers, electronic health records, systems to track system capacity and service availability, and systems to provide real-time information on wait times for different types of services.

5.11 Reduce the unnecessary use of costly emergency services by:

- Extending the hours for primary care and community-based mental health and addiction services (e.g., 7 a.m. to 11 p.m.)
- Designating hospitals to work with crisis services to develop an emergency mental health and addictions program with 24/7 access to psychiatric consultation, dedicated emergency inpatient services, and community-based crisis response, and links to community services
- Developing protocols that ensure anyone discharged from an emergency department has a stabilization plan and receives timely follow-up.

Integrate health and other human services, and improve transitions between services

5.12 Require LHINs, primary care, municipalities, child and youth mental health service agencies, school boards and the justice system to develop appropriate local mechanisms to provide leadership, planning and accountability for integrated services for people with a mental illness and/or addiction.

5.13 Set the expectations that service providers will work with each person and his/her family to develop a collaborative, individualized health and wellness plan that includes the health services, housing, employment and social engagement and other services the person may need, and use the plan to guide the person's care.

5.14 Address the housing needs of key populations

- Increase access to stable housing, mental health and addiction services and employment services for priority populations, including: youth, people with lived experience, people being discharged from the criminal justice system and people on social assistance.

- Increase access to stable housing, mental health and addiction services and employment services for other people at risk.

- Provide supportive housing opportunities for people with mental health and addiction needs focusing particularly on people who are currently inappropriately housed (e.g., people with complex psychiatric needs in long stay/ Alternate Level of Care beds, seniors who do not need the level of care provided in long-term care homes but who can no longer manage in their homes with home care services, and people who are homeless or living in shelters and domiciliary hostels).

5.15 Improve the transitions between different services, such as between youth and adult services, between adult and senior services and between the criminal justice and the health system:

- Develop communication protocols, referral networks and service accountability agreements between health services and other human services.
- Align policies, protocols, and philosophies across the services, systems and sectors.
- Remove restrictive eligibility criteria.

Outcomes

- People with lived experience and their families report better access to peer and family support.
- People with lived experience and their families report more positive experiences in their contacts with service providers.
- More people with lived experience/complex needs have a collaborative, individualized health and wellness plan used by all providers.
- More mental health and addiction services can provide integrated care for people with a mental illness and an addiction (concurrent disorders).
- Shorter wait times for community-based and hospital-based mental health and addiction services.
- Rates of unplanned hospital readmissions drop.
- Reduced number of clients with ED visits (stratified by first versus repeat visits) and total number of admissions to hospital.
- Fewer people with a mental illness or addiction are in long stay or alternate level of care beds in hospital.
- Improved collaboration between hospital and community MH&A services, housing and social services.
- Reduce persons denied service without an assessment because of restrictive eligibility criteria.
- Increased collaboration between community MH&A agencies and primary care.
- Increased access to MH&A service through primary care teams which provide culturally competent care, and peer support across the life span.
- Better collaboration between police/courts and hospital/community MH&A providers.
- Reduced police contact with persons with MH&A.
- Reduced number of youth, adults and seniors with MH&A entering the justice system.
- Increased access to MH&A services to persons pre-charged.

5.16 Provide more effective mental health and addiction supports to police and the courts system:

- Require agencies to develop collaborative individualized health and wellness plans for clients who have had justice system involvement.
- Develop protocols and provide training to allow police to transfer people with a mental health or addiction problem easily and quickly to the care of a hospital/emergency department.
- Improve the efficiency of forensic assessment services for the criminal justice system.
- Increase the number of court support workers – particularly mental health youth court workers – to improve the flow of information and decision-making related to people with mental health and addiction issues.

5.17 Enhance the capacity of different services providers to collaborate by:

- Providing cross-sectoral training for health and human service providers in the core competencies described above.
- Embedding mental health and addictions training in all human services education curricula.

Establish Effective Leadership and Accountability

Ontario's ability to implement the proposed 10-year plan depends on effective leadership and accountability including:

- clear accountabilities within government, across mental health and addiction services and across other health and human services
- effective leadership and structures that support the integration of services across systems and sectors
- accessible and relevant information and quality improvement systems
- development and use of system, program and service level performance targets and monitoring change.

To implement the 10-year strategy:

6.1 Have the Minister of Health and Long-term Care take the lead in implementing the 10-Year Mental Health and Addictions Strategy working with colleagues from other ministries to identify key areas for interministerial collaboration.

6.2 Establish a dedicated Assistant Deputy Minister to support implementation of the 10-year Mental Health and Addictions Strategy.

6.3 Take full advantage of existing cross-government structures and initiatives to provide a platform for a cross-government approach to integrated mental health and addiction services, including the Poverty Reduction Results Table and the Human Services Justice Coordinating Committees.

6.4 The Minister of Health and Long-Term Care, working with colleagues from other ministries, establish provincial performance indicators, such as:

- client satisfaction with services
- health outcomes
- quality of life measures
- wait times, system capacity and service availability
- changes in service utilization
- measures of service integration and continuity.

6.5 Establish a Mental Health and Addiction Council, a provincial body made up of leaders from LHINs, community mental health and addiction services, hospitals, physicians (primary care and psychiatry), municipalities, school boards, justice, and children and youth services. The Council, which would have clear authority and resources, would report to the Ministry of Health and Long-Term Care and be responsible for:

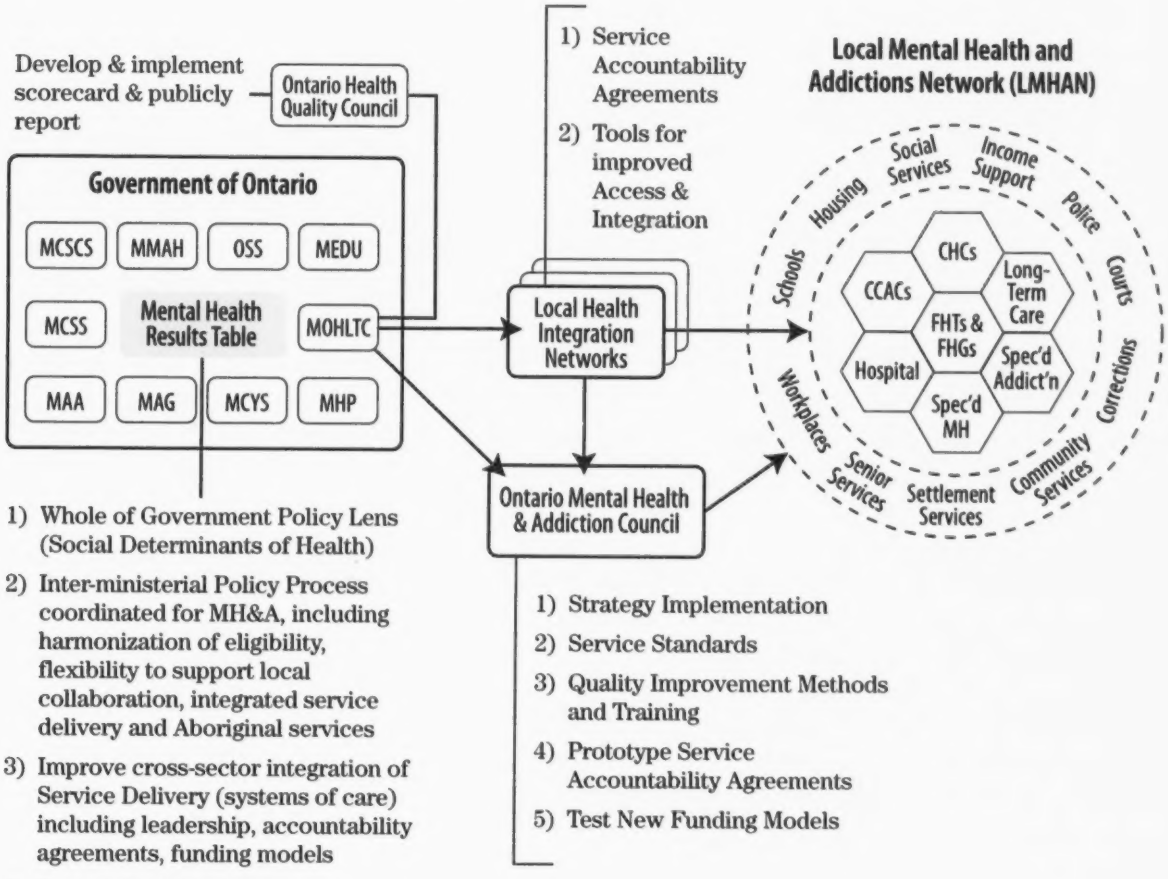
- setting the pace for implementing Ontario's 10-Year Mental Health and Addictions Strategy
- developing and implementing evidence-informed, recovery oriented program and clinical practice guidelines and standards that reflect all human services, and include integrated care for people with concurrent disorders
- promoting a quality improvement culture throughout the sector.

6.6 Establish at the LHIN level, local Mental Health and Addictions Networks to plan and integrate mental health and addictions services across the health care system and with children's, housing, social, education and justice services to ensure clients receive timely, integrated quality services.

6.7 Have the Ministry of Health and Long-term Care set priorities and performance targets for the 10-Year Mental Health and Addictions Strategy and incorporate them into the Ministry-LHIN Accountability Agreements. Have LHINs set priorities and performance targets for their service accountability agreements with health service providers.

The following diagram sets out a proposed leadership and accountability model, which builds on existing structures and illustrates which tables and organizations will be responsible for leading system change and implementing different parts of the strategy.

Proposed Leadership and Accountability Model



From Strategy to Action: Developing an Implementation Plan

This strategy sets out an ambitious, all-of-government, all-of-society approach to mental health and addictions in Ontario. To put this strategy into action, Ontario will develop a concrete implementation plan that sets out the various activities that will be phased in over the next 10 years to achieve each of our five goals.

Action will begin on all strategies right away but some will have an impact within the first three years while others will take longer. The implementation plan shows when the system will see the effects and benefits of each strategy.

The general approach to this high level plan is to build on what's already working, identify best practices and spread them across communities, organizations and providers, and eventually mandate standards for service availability, quality and integration across the province. We believe this approach will allow Ontario to take advantage of expertise and creativity across the province and have the greatest possible impact on mental health and well-being for all Ontarians.

Goal	Years 1 to 3	Years 4 to 6	Years 7 to 10
#1 Improve mental health and well-being	Enhance school-based mental health promotion/ anti-stigma practices	Building on the work of the Mental Health Commission of Canada (MHCC), implement more mental health promotion/anti-stigma best practices for: • children/youth providers • health providers • workplaces • senior providers Implement standards set out in the Accessibility for Ontarians with Disability Act (AODA)	Identify and implement mental health promotion/ anti-stigma for: • municipal services providers • justice providers • public Mandate best practices for children/youth, seniors and health care providers Implement standards set out in the AODA
#2 Stop stigma and discrimination	Collaborate with MHCC on workplace anti-stigma pilot and evaluation Monitor MHCC anti-stigma best practices to address children/youth, seniors and health care providers Implement AODA standards		

Goal	Years 1 to 3	Years 4 to 6	Years 7 to 10
#3 Create healthy, resilient, inclusive communitiess	Establish demonstration projects on "housing first" with health and education/ employment supports – focusing on youth, people who are homeless or in shelters, and long stay/ALC psychiatric patients	Develop and implement guidelines for supported housing and employment programs Develop and implement plan for expanded supported housing and employment Develop and implement plans for community hubs that help prevent physical and mental deterioration across the life span Incorporate community asset mapping and engagement into MH&A planning and delivery through LHINs, municipalities and school boards	Mandate best practices for supported housing and employment Spread community hubs across the province
#4 Identify problems early and intervene appropriately	Enhance school-based Early Identification and Early Intervention (EIEI) services Recruit more mental health court workers, especially for youth Enhance role and training of primary care providers, including screening, assessment, treatment and shared care with mental health and addiction providers Implement appropriate changes to OHIP and enrollment policies for family health teams	Develop and implement guidelines for early intervention, including depression, anxiety and opiate addiction Identify and implement EIEI best practices using normative settings for: • children/youth • health providers • workplaces • seniors • other social services	Spread best practices in early identification and intervention across all communities

Goal	Years 1 to 3	Years 4 to 6	Years 7 to 10
#5 Provide timely, high quality, integrated, person-directed care	Develop and implement best practice guidelines for: • recovery and wellness approach • client experience measures and surveys • case management/system navigation • enhanced capacity to treat concurrent disorders • peer and family support • aggressive behaviour related to dementia Develop service collaboratives among mental health and addiction agencies, hospitals and primary care and use them to integrate services and improve transitions between services and systems (i.e., children and youth to adult services, adult to senior services, people moving in and out of the justice system Enhance and expand peer and family support through training and more use of peer workers in service collaboratives Develop and implement common assessment and intake, referral and resource matching tools Develop one centralized info source for availability of MH&A services, warm line and automated booking of MH&A beds and appointments for community services in collaboratives Develop inventory of MH&A workforce, number and types of workers	Continue to implement best practice guidelines for: • recovery and wellness approach • client satisfaction measures and surveys • case management • enhanced capacity to treat concurrent disorders • peer and family support • aggressive behaviour related to dementia Develop and implement guidelines for: • collaborative individualized health and wellness plans • client assessment, referral and resource matching • crisis response Evaluate and spread best practices from services collaboratives, peer support, one centralized info source, "housing first" demonstration project. Identify organizations/ teams of excellence in care and knowledge exchange to facilitate spread of best practices to other communities and organizations Use best practices to develop standardized roles and responsibilities and competencies for MH&A, primary care, and "first responder" workers Implement workforce roles and competencies through accreditation and certification programs, education and training in post-secondary institutions, regulatory colleges and the workplace	Mandate best practice guidelines for all providers and organizations Mandate services to be available across the province as well as service standards and wait time targets Mandate standardized roles and competencies for first responders, and for mental health and addiction and primary care providers

Goal	Years 1 to 3	Years 4 to 6	Years 7 to 10
Leadership and Accountability	Establish lead responsibility and capacity in MOHLTC to implement strategy working with other ministries Develop and implement performance scorecard and public reporting Start Mental Health and Addiction Council MOHLTC includes MH&A priorities and performance measures in Ministry-LHIN accountability agreement LHINs establish Local Mental Health and Addiction Networks and establish local indicators	Continue to implement performance measures and targets Evaluate progress to date and refine leadership and accountability structures and update implementation plan Identify organizations/ teams of excellence to help spread best practices Implement enhanced service accountability agreements for health care providers and with other sectors, specifically children and youth, justice, municipalities and social services Field test new funding models	

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